FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0076 Expires: April 30, 2008 Estimated average burden

16.00 hours per response

FORM D

SEC USE ONLY						
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DATE RE	CEIVED					
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Weshington, DC PUR	CE OF SALE OF SECUE SUANT TO REGULATIO SECTION 4(6), AND/OR LIMITED OFFERING E has changed, and indicate change Rule 505 Rule 5	ON D, R XEMPTION e.)	SEC USE ONLY Prefix Serial DATE RECEIVED ULOE
A. BAS	IC IDENTIFICATION DATA		
Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and name had Altima Central Asia Fund Limited	s changed, and indicate change.)		
Address of Executive Offices (Number c/o Ogier Fiduciary Services (Cayman) Limited Quee PO Box 1234GT Grand Cayman, Cayman Islands B		Telephone Number (1 345 945 6264	
Address of Principal Business Operations (Number (if different from Executive Offices)	and Street, City, State, Zip Code)	Telephone Number	08056782
Brief Description of Business Private Investment Fund investing in affiliated Altima Cen	tral Asia Master Fund Ltd.	4	٧
Type of Business Organization corporation limited partnership, already for limited partnership, to be form		cify): Exempted Com	PROCESSED JUL 2 5 2008
	Month Year 06 06 ⊠ Actu etter U.S. Postal Service abbreviat da; FN for other foreign jurisdicti	tion for State:	THOMSON REUTERS
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days a Securities and Exchange Commission (SEC) on the earlier of address after the date on which it is due, on the date it was mail	after the first sale of securities in f the date it is received by the SI	the offering. A notice EC at the address give	e is deemed filed with the U.S. on below or, if received at that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02)

required to respond unless the form displays a currently valid OMB control number.

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Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Baker, Scott Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ogier Fiduciary Services (Cayman) Limited Queensgate House Church St. PO Box 1234GT Grand Cayman, Cayman Islands British West Indies General and/or ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Farrell, Gavin Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ogier Fiduciary Services (Cayman) Limited Queensgate House Church St. PO Box 1234GT Grand Cayman, Cayman Islands British West Indies ☐ General and/or Promoter Beneficial Owner □ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Sargison, David Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ogier Fiduciary Services (Cayman) Limited Queensgate House Church St. PO Box 1234GT Grand Cayman, Cayman Islands British West Indies ☐ Beneficial Owner Executive Officer Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner General and/or ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						B. INFOR	MATION	ABOUT	OFFERE	NG					
1.	Has the issu	er sold, or	does the is	ssuer inten	d to sell, to	non-accre	edited inve	stors in th	is offering	?					No
				.	1 : (C-1 3	:cc::		P.					\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$5,000,0	00*					
*(subject to the sole discretion of the Director's to accept lesser amounts, provided the minimum is in compliance with Cayman Island Law.)								Φυίουσία	_						
3.														Yes	No
4.	remuneration person or ag	n for solic gent of a bi persons t	itation of roker or d	purchasers ealer regis	in connectered with	tion with the SEC a	sales of se ind/or with	curities in a state or	the offerin	ng. If a pe	erson to be of the bro	e listed is a oker or dea	on or similar in associated iler. If more nat broker or		
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	siness or Resid					State, Zip	Code)								
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Sta	tes in Which I	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	chasers								
	(Check "All	States" or	check ind	iviđual Sta	t e s)	•••••				***************************************		*************	***************************************	🖾 Al	l States
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Ful	l Name (Last	name first,	if individu	ıal)											
	iness or Resid				reet, City,	State, Zip (Code)								
	ne of Associa . Morgan Sec														
Stat	tes in Which F	erson Liste	ed Has So	licited or I	ntends to S	Solicit Purc	hasers								
(Check "All States" or check individual States)								🛭 Al	l States						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code) 60 Wall Street New York, New York 10005 Name of Associated Broker or Dealer Deutsche Bank Securities Inc. Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [ID] [FL] [HI] [AK] [CO] [CT] [DE] [DC] [GA] [AL] [AZ] [AR] [CA] [KS] [KY] [LA] [MD] [MA] [MI] [MN] [MS] [MO] [ME] [IL] [IN][IA] [ND] [NH] [[[] [NM] [NY] [NC] [OH] [OK] [OR] [PA] [MT] [NE] [NV]

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AP	D USE OF PROC	EEL	15
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_			\$
	Equity	\$ _			\$
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$_			\$
	Partnership Interests	\$			\$
	Other (Specify Participating Shares)	\$_	1,000,000,000		\$ <u>61,060,661.86</u>
	Total	\$_	1,000,000,000		\$61,060,661.86
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		8		\$ <u>61,060,661.86</u>
	Non-accredited Investors	_			\$
	Total (for filings under Rule 504 only)				\$
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
			Type of		Dollar Amount
	Type of Offering		Security		Sold
	Rule 505			_	\$
	Regulation A	_	····································		\$
	Rule 504				\$
	Total				\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		•••••		\$
	Printing and Engraving Costs				
	Legal Fees		• • • • • • • • • • • • • • • • • • • •	\boxtimes	\$ <u>5,000</u>
	Accounting Fees			\boxtimes	\$5,000
	Engineering Fees				
	Sales Commissions (specify finder's fees separately)				
	Other Expenses (identify)				
	Total		***************************************	\boxtimes	\$ <u>10,000</u>

C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSE	S AND USE OF PROCE	EDS
b. Enter the difference between the aggregate offering to Part C — Question 1 and total expenses furnished Question 4.a. This difference is the "adjusted gross pro	in response to Part C -		\$ <u>999,990,000</u>
5. Indicate below the amount of the adjusted gross procedure proposed to be used for each of the purposes shown, purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must exproceeds to the issuer set forth in response to Part C - C	If the amount for any ne box to the left of the ual the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		\$	_ 🗆 \$
Purchase of real estate		S	_ D \$
Purchase, rental or leasing and installation of machinery	and equipment	\$	_ 🗆 \$
Construction or leasing of plant buildings and facilities.		□ \$	_ 🗆 \$
Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger)	for the assets	□ \$	🗆 \$
Repayment of indebtedness		S	_ 🗆 \$
Working capital		\$	_ 🗆 \$
Other (specify):		⊠ \$ <u>999,990,000</u>	_ 🗆 \$
Column Totals Total Payments Listed (column totals added)		⊠ \$ <u>999,990,000</u> ⊠ \$ <u>999</u>	_
D. FEDE	RAL SIGNATURE		
The issuer has duly caused this notice to be signed by the under following signature constitutes an undertaking by the issuer to request of its staff, the information furnished by the issuer to any	furnish to the U.S. Se	qurities and Exchange Co	ommission, upon written
Issuer (Print or Type) Altima Central Asia Fund Limited	Signature	Date	9/08
Name of Signer (Print or Type) Scott Baker	Title of Signer (Print or Director	· Type)	
Intentional misstatements or omissions of fact o	ATTENTION	END	